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24374      7590      03/20/2008

VOLPE AND KOENIG, P.C.  
DEPT. ICC  
UNITED PLAZA, SUITE 1600  
30 SOUTH 17TH STREET  
PHILADELPHIA, PA 19103

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Darryl W. Shorter

(Depositor's name)

(Signature)

6/13/08

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/601,786	06/23/2003	Teresa Hunkeler	I-2-0340.1US	9510

TITLE OF INVENTION: METHOD AND SYSTEM FOR AUTOMATED DETERMINATION OF INTER-SYSTEM BORDER THRESHOLDS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440	\$300	\$0	\$1740	06/20/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS
TRAN, PHUC H	2616	370-331000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	Volpe and Koenig, P.C.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	2 _____	3 _____
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**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

**(A) NAME OF ASSIGNEE**

InterDigital Technology Corporation

**(B) RESIDENCE: (CITY and STATE OR COUNTRY)**

Wilmington, Delaware

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

**4a. The following fee(s) are submitted:**

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-0435 (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date

6/13/08

Typed or printed name

Darryl W. Shorter

Registration No. 47,942

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